

**Performance Report**

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| Name: | Arcare Logan Reserve |
| Commission ID: | 5799 |
| Address: | 17 Halcyon Way, LOGAN RESERVE, Queensland, 4133 |
| Activity type: | Site Audit |
| Activity date: | 22 October 2024 to 24 October 2024 |
| Performance report date: | 22 November 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 23633 Arcare Logan Reserve |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Arcare Logan Reserve (**the service**) has been prepared by J Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* The Approved Provider’s response to the Assessment Team’s report, received on 12 November 2024.
* Other relevant information about the service and the Approved Provider held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3** – Ensure deterioration or changes in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all six of the six specific requirements.

Consumers were treated with dignity, respect and staff valued them as individuals. Staff were respectful to consumers and understood their individual backgrounds and preferences, which were recorded in care plans. Consumers confirmed they received culturally safe care and services and staff provided care consistent with their traditions and preferences. Consumers were supported to make decisions about their care and maintain relationships of choice.

Consumers’ care plans included information about how care should be delivered, who was involved in their care and how the service supported them to maintain personal relationships.

Consumers were supported to take risks, exercise choice and maintain independence, which enabled them to live their best lives. Consumers wishing to take risks were supported to understand the benefits and possible harms before a risk assessment was completed and documented in their care plans.

In general, consumers confirmed they were provided with information that was clear, easy to understand and enabled them to exercise choice. However, some consumers advised they do not receive menu information or communication about available food options in a timely manner. In response, management advised it will review the electronic menu displays, table displays will be used to communicate any menu changes, menu changes will be added as an agenda items for the daily management meeting, and management will interview consumers and staff over the next six weeks about menu changes.

Consumers’ personal information was kept confidential in locked nurses’ stations and staff respected consumers’ privacy by ensuring doors were closed when care is provided.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all five of the five specific requirements.

The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process, the outcomes of which informed the delivery of care and services. Consumers were involved in the assessment and planning process, which identified their goals, needs and preferences and included end of life planning where consumers wished.

The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers participated in regular reviews and evaluations which involved medical officers and allied health professionals.

The outcomes of assessment and planning were documented in consumers’ care plans which were readily available to consumers and those involved in their care. Consumers confirmed they had access to their care plans following updates, and clinical staff updated consumers’ representatives in person, by telephone or by e-mail. Consumers and representatives confirmed they were involved in regular care plan reviews and notified when incidents occurred or care needs changed. Consumers’ care and services were reviewed through three monthly case conferences, or following an incident which impacted their needs, goals or preferences.

# Standard 3

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| Personal care and clinical care | | Not Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I have assessed this Quality Standard as Not Compliant, as I am satisfied the service is non-compliant with Requirement 3(3)(d).

*Requirement 3(3)(d):*

Most consumers and representatives said they were confident the service recognised and responded to deterioration and changes in their health and wellbeing in a timely manner. Staff detailed the service’s systems and processes for monitoring and responding to deterioration and decline. However, the Assessment Team observed that on two occasions, there were delays in staff recognising and responding to changes in consumers’ conditions, including a failure to initiate a pain chart as required.

In its response of 1 November 2024, the Approved Provider submitted details of remedial actions being taken and advised they would be completed by 29 November 2024.

Actions included:

* Training sessions on “Acute deterioration of consumers’ health”
* Reminder to care staff to escalate to a Registered Nurse if a consumer “says something or does not look like themselves.”
* Reminder to promptly and properly document any changes in consumers’ needs or behaviours.
* Audit of clinical events, with review of progress notes and seeking feedback from consumers and representatives on the response by the nursing team.
* Senior staff attending handover sessions to observe if clinical follow-up and any areas of improvement identified.
* Training sessions with Registered Nurse on identifying, communicating and responding to deteriorating with appropriate level of documentation and charting.

While I acknowledge the Approved Provided is now taking steps to remedy the deficiencies, at the time of the site audit, staff at the service did not properly identify and respond to deterioration in the condition of two consumers and did not follow established procedures, such as commencing pain charting in a timely manner. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 3(3)(d) at the time of the site audit.

*The other Requirements:*

Consumers received care that was safe and right for them and met their individual needs, preferences and optimised their health and well-being. Staff delivered care which aligned with consumers’ care plans and met peoples’ unique needs, preferences and care requirements. Management and staff described how consumers were provided with appropriate care in the context of restrictive practices, wound management and pain management.

The service managed high-impact and high-prevalence risks to consumers through clinical data monitoring and trending, along with implementing risk mitigation strategies for individual consumers. Staff understood risks to consumers and described applicable management strategies, such as assessing consumers with challenging behaviours and implementing tailored behaviour support plans. Consumers were satisfied with how the service managed risks associated with their care.

Consumers confirmed staff had discussed advanced care planning and end-of-life preferences with them, which were recorded in care plans. Staff who provided palliative care described how consumers nearing the end-of-life were supported. For example, staff made consumers comfortable by regular repositioning, regular comfort care, pain management and supporting family to be with the consumer.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated at each shift handover through a verbal and documented process. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant, as the service was assessed as Compliant with all seven of the seven specific requirements.

Consumers received safe and effective services and supports that met their needs, goals, preferences and optimised their independence and quality of life. Staff understood what was important to consumers and what they enjoyed doing, which aligned with consumer interviews and choices. Consumers confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as attending religious services and spending one-on-one time with staff who provided mental health support. Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Staff said the activities calendar was tailored to consumers’ interests and a review of the calendar confirmed a wide variety of choices were available.

Consumers were supported to maintain relationships with their loved ones, both within and outside the service. Consumers were very satisfied with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food and this was a catalyst for menu changes. Consumers had input into the menu and food was a standing agenda item on the “consumer and representative” meetings at the service. A review of consumers’ care plans included information about their dietary needs and preferences.

Where the service provided equipment, consumers said it was clean and well maintained. Staff said shared equipment was cleaned before and after each use and maintained as part of the maintenance program.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all three of the three specific requirements.

The service environment was welcoming, easy to understand and promoted a sense of belonging, independence, interaction and function. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choosing. The service environment was clean, well maintained, comfortable and consumers moved freely within and outside of the building. Throughout the site audit, consumers were observed moving freely around the service as they wished, accessing both indoor and outdoor areas. The service environment was maintained under a preventative maintenance schedule which was up to date at the time of the site audit.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for the use of consumers. A review of the electronic maintenance log showed reactive maintenance issues were completed in a timely manner.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all four of the four specific requirements.

Consumers and representatives confirmed they were comfortable providing feedback and raising concerns with staff and management. Staff understood their role in the feedback and complaints process, which included supporting consumers to raise issues. Feedback and complaints could be made via consumer and representative meetings, speaking directly with staff or management or the use of a feedback form. Management said the service has an open-door policy and explained that most consumers speak directly to the staff or management with their concerns. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in a resident information booklet, on posters and on noticeboards throughout the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Consumers and representatives said their concerns were actively addressed and resolved in a timely manner. Complaints and feedback were reviewed and used to improve the quality of care and services. Staff said feedback and complaints were discussed at staff meetings and continuous improvement actions were planned accordingly.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all five of the five specific requirements.

Consumers said there were enough staff to deliver care and services and they felt care was always prioritised. Management stated they provide additional support where required and the service had strategies in place to replace staff for planned and unplanned leave. Consumers said staff were gentle and treated them with kindness, care and were respectful of their culture and diversity when providing care. The Assessment Team observed interactions were respectful, both between staff and consumers and staff and their co-workers.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Consumers said staff were competent and capable in meeting their care needs. Management were responsible for ensuring staff met minimum qualifications required for their roles, had professional registrations and current police checks, and were not on the Commission’s banning orders register. New staff participated in an induction program which included mandatory training and an onboarding package which contained position descriptions, qualification requirements and policies for safe care. Staff were guided in their roles by position descriptions and said they received regular training. Management determined staff competencies through informal and formal performance appraisals and performance appraisals were up to date.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

**Findings**

The Quality Standard is assessed as Compliant as the service was assessed as Compliant with all five of the five specific requirements.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via individual discussions, consumer and representative meetings, by speaking directly with management, quarterly and annual consumer satisfaction surveys and through the service’s feedback and complaints system. Management advised consumer feedback was used when planning activities, programs and continuous improvement projects.

The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board-maintained visibility of the service’s performance through monthly reports which addressed clinical indicators, operational updates, routine audits, feedback and complaints. Management said they have a series of daily, weekly, and monthly leadership, staff, and clinical governance meetings at the service where issues are discussed, and consumer information and care needs updated. Service management provided monthly reports to the Board about feedback and complaints, incident trends, serious incidents and quality improvements at the service level, to ensure safe and quality care were being delivered.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had a risk management system, policies and procedures to monitor and evaluate high-impact or high-prevalence risks associated with the care of consumers. Risks were identified, reported, escalated and reviewed by service management and the clinical governance and quality improvement team. The reporting system allowed issues to be analysed, trended and given to the board and various committees for consideration.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)